MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-013455
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2971

REC'D MAR 21 1963

1
2 215½ DATE AMENDED
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4 0
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90

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4225 Neosho
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4225 Neosho
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOHN Middle Last KALAFATICH

4. DATE OF DEATH: Month MAR Day 11. Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: Oct 15-77

9. AGE (last birthday): 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REALTOR

10b. KIND OF BUSINESS OR INDUSTRY: REAL-ESTATE

11. BIRTHPLACE (City and state or country): Yugo Slavia

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: FRANK KALAFATICH

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: MARY (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT Address: ALOIS KALAFATICH 4225 NEOSHO

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/22/60 to 3/11/63 and last saw him alive on 3/11/63
Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Raun Heukin MD

22b. ADDRESS: 4268 Delor

22c. DATE SIGNED: 3/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAR 14, 1963

23c. NAME OF CEMETERY OR CREMATORY: SS PETER & PAUL

23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Thos. Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: 3-13-1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

Dr Herndon Hu 1-3434
Verbal permission Thursday 11 to 6
Pending Cert. Dept of Coroner
4268

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ____________________, Student Embalmer No.________ working under my personal supervision.

Student ____________________
Signature of Student Embalmer

Signed J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grace

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.